

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	/					
4						
5	/					
6	/					
7	/					
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20	/					
21	/					
22	/					
23	/					
24	/					
25	/		1			
26	/		1			
27	/		1			
28	/		1			
29	/		1			
30	/		1			
31	/		1			
32	/		1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			16			
TOTAL DEP.			24			
TOTAL CLAIMS			40			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS